| PAYENT APPLICATION FEE DETERMINATION RECORD 10/05/353 Effective October 1, 2001 3265 |   |   |                                     |  |            |                  |       |                     |                        |       |                     |                        |
|--|---|---|-------------------------------------|--|------------|------------------|-------|---------------------|------------------------|-------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                       |   |   |                                     |  |            |                  |       | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN          |                        |
| TOTAL CLAIMS   |   |   | 30                                  |  |            |                  |       | RATE                | FEE                    | 1     | RATE                | FEE                    |
| FOR  |   |   | NUMBER FILED                        |  | NUME       | BER EXTRA        |       | BASIC FEE           | 370.00                 | OR    | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | 30 minus 20=                        |  | •          | 10               |       | X\$ 9=              | 40                     | OR    | X\$18=              |                        |
| INDEPENDENT CLAIMS   |   |   | 4 minus 3 =                         |  | • /        |                  |       | X42≈                | 43                     | OR    | X84=                |                        |
| ML   | JLTIPLE DEPE  | NDENT CLAIM P                             | RESENT                              |  |            |                  |       | +140=               |                        | OR    | +280=               |                        |
| * [1   | the difference  | less than ze                              | ss than zero, enter "0" in column 2 |  |            |                  | TOTAL | SOS                 | QЯ                     | TOTAL |                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                         |   |   |                                     |  |            |                  |       | 014414              | 544575.                |       | OTHER               |                        |
|  |   |   | (Column 2) (Column 2)               |  |            | umn 3)           | SMALL |                     | OR                     | SMALL |                     |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUMI<br>PREVIO<br>PAID                 | BER        | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON  | Total   | .30                                       | Minus                               | -30                                    | 0          | =/               |       | X\$ 9=              |                        | OR    | X\$18=              |                        |
| AME  | Independent<br>FIRST PRESE  | * //                                      | Minus<br>JLTIPLE DES                | ************************************** | CLAIM      | 1                |       | X42=                |                        | OR    | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |   |   |                                     |  |            |                  | '     | +140=               |                        | OR    | +280=               |                        |
| 2-7-05   |   |   |                                     |  |            |                  | ,     | TOTAL               |                        | OR    | TOTAL<br>ADDIT. FEE |                        |
|  | (Column 1) (Column 2) (Column 3)  |   |                                     |  |            |                  |       |                     |                        |       |                     |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUMI<br>PREVIO<br>PAID         | BER        | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | 87  | Minus                               | -3                                     | 0          |                  | H     | X\$ 9=              |                        | OR    | X\$18=              |                        |
| A  | Independent<br>FIRST PRESE  | NTATION OF MI                             | Minus<br>JLTIPLE DEF                | ENDENT                                 | CLAIM      | <u> -</u>        |       | X42=                |                        | OR    | X84=                |                        |
|  |   |   |                                     |  |            |                  |       | +140=               |                        | OR    | +280=               |                        |
|  |   |   |                                     |  |            |                  | _     | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT, FEE |                        |
|  |   | (Column 1)                                |                                     | (Colun                                 | nn 2)      | (Column 3)       |       |                     | 4.                     |       |                     | _                      |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUMI<br>PREVIO<br>PAID         | BER        | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | •   | Minus                               | **                                     |            | =                |       | X\$ 9=              |                        | OR    | X\$18=              |                        |
|  | Independent   | •   | Minus                               | -                                      |            | Ξ.               | 1     | X42=                |                        |       | X84=                |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                     |  |            |                  | 1     |                     |                        | OR    |                     |                        |
|  | f the entry in only   | ma 1 is lose than th                      | e entry in entry                    | ma 9 waa                               | *0° in a a | uma 3            | L     | +140=               |                        | OR    | +280=               |                        |
|  | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  Total  ADDIT. FEE  Total  ADDIT. FEE  Total  ADDIT. FEE  Total  Total  ADDIT. FEE  ADDIT. FEE  Total  ADDIT. FEE  Total  ADDIT. FEE  Total  ADDIT. FEE  Total  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  Total  ADDIT. FEE  ADDIT. |   |                                     |  |            |                  |       |                     |                        |       |                     |                        |

Application or Docket Number